

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ALABAMA
Western Division**

SCOTTIE O'KEITH BRASFIELD, 1ST ,

Plaintiff,

v.

Case No. _____

SOCIAL SECURITY and EQUIFAX
CREDIT AGENCY

Defendants.

NOTICE OF REMOVAL

Defendant, Equifax Information Services LLC ("Equifax"), improperly named in Plaintiff's Complaint as "Equifax Credit Agency", by Counsel, hereby files this Notice of Removal of this action from the Tuscaloosa County Circuit Court, Alabama, wherein it is now pending as Case No. CV-2016-96 to the United States District Court for the Northern District of Alabama. This Notice of Removal is filed pursuant to 28 U.S.C. §§ 1441 and 1446. In support hereof, Defendants show this Court as follows:

1. An action was filed on April 29, 2016 in the Tuscaloosa County Circuit Court, Alabama, entitled *Brasfield v. Social Security, et al.*, Case No. CV-2016-96 (the "State Court Action").

2. Equifax was served with the Complaint on May 29, 2016.

3. This Notice is being filed with this Court within thirty (30) days after Equifax was served with a copy of Plaintiff's initial pleading setting forth the grounds for his action and his claims for relief.

4. This case is properly removable under 28 U.S.C. § 1441(a) and (b) because this United States District Court has original jurisdiction of this case under 28 U.S.C. § 1332(a), which provides, in pertinent part, as follows:

a. The district courts shall have original jurisdiction of all civil actions where the matter in controversy exceeds the sum or value of \$75,000, exclusive of interest and cost, is between --

(1) Citizens of different states. . .

5. Plaintiff seeks an amount in excess of the \$75,000 jurisdictional requirement. (*See* Complaint, "One Million Dollars. \$1,000,000 per case".)

6. Plaintiff, Scottie O'Keith Brasfield 1st, is a resident citizen of Tuscaloosa County, Alabama. (*See* Summons, Caption.)

7. Defendant Equifax, a citizen of Georgia, is organized and existing pursuant to the laws of the State of Georgia with its principal place of business in Georgia.

8. The State Court in which this action was commenced is within this Court's district and division.

9. Promptly after the filing of this Notice of Removal, Equifax shall give

written notice of the removal to Plaintiff and to the Clerk of the Tuscaloosa County Circuit Court, Alabama, as required by 28 U.S.C. § 1446(d).

10. Attached hereto, as Exhibit A, are copies of the state court file.

11. At the time Equifax sent this Removal to be filed, the Tuscaloosa County Clerk's records, via Alacourt, did not show any Return of Service or other proof of service for defendant "Social Security San Diego."

WHEREFORE, Equifax requests that the above-described action be removed to this Court.

Respectfully submitted this 23rd day of June, 2016.

/s/ Kirkland E. Reid
Kirkland E. Reid (REIDK9451)
Jones Walker LLP
11 N. Water Street, Suite 1200
Mobile, AL 36602
Tel. (251) 439-7513
Fax (251) 439-7358
Email: kreid@joneswalker.com
Attorney for Equifax Information
Services LLC

CERTIFICATE OF SERVICE

This is to certify that I have this day electronically filed a true and correct copy of the foregoing with the Clerk of the Court using the CM/ECF system, which will send notification of such filing to the following and via U.S. Mail to:

Scottie Brasfield
P.O. Box 71826
Tuscaloosa, AL 35405

Dated: June 23, 2016.

/s/ Kirkland E. Reid

Kirkland E. Reid

EXHIBIT A

Service

AVSO350

ALABAMA JUDICIAL DATA CENTER
TUSCALOOSA COUNTY

SUMMONS

CV 2016 000096.00

IN THE CIRCUIT COURT OF TUSCALOOSA COUNTY
SCOTTIE O'KEITH BRASFIELD VS SOCIAL SECURITY OF SAN DIEGO & EQUIFAX

SERVE ON: (D002)

SSN: - -

PLAINTIFF'S ATTORNEY

EQUIFAX *Credit Agency*
P.O. BOX 740241

*** PRO SE ***

P.O. Box 71826

ATLANTA, GA 30374-0000

Tuscaloosa, AL 35405

TO THE ABOVE NAMED DEFENDANT:

THE COMPLAINT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT AND YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS, YOU OR YOUR ATTORNEY ARE REQUIRED TO MAIL OR HAND DELIVER A COPY OF A WRITTEN ANSWER, EITHER ADMITTING OR DENYING EACH ALLEGATION IN THE COMPLAINT TO THE PLAINTIFFS ATTORNEY(S) SHOWN ABOVE OR ATTACHED:

THIS ANSWER MUST BE MAILED OR DELIVERED WITHIN 30 DAYS AFTER THIS SUMMONS AND COMPLAINT WERE DELIVERED TO YOU OR A JUDGEMENT BY DEFAULT MAY BE ENTERED AGAINST YOU FOR THE MONEY OR OTHER THINGS DEMANDED IN THE COMPLAINT. YOU MUST ALSO FILE THE ORIGINAL OF YOUR ANSWER WITH THE CLERK OF THIS COURT.

() TO ANY SHERIFF OR ANY PERSON AUTHORIZED BY EITHER RULES 4.1(B)(2) OR 4.2(B)(2) OR 4.4(B)(2) OF THE ALABAMA RULES OF CIVIL PROCEDURE: YOU ARE HEREBY COMMANDED TO SERVE THIS SUMMONS AND A COPY OF THE COMPLAINT IN THIS ACTION UPON DEFENDANT.

(*✓*) THIS SERVICE BY CERTIFIED MAIL OF THIS SUMMONS IS INITIATED UPON THE WRITTEN REQUEST OF *Magaria H. Bobo* PURSUANT TO RULE 4.1(C) OF THE ALABAMA RULES OF CIVIL PROCEDURE.

DATE: 05/24/2016

CLERK: MAGARIA HAMNER BOBO
CIRCUIT CLERK
714 GREENSBORO AVE
TUSCALOOSA AL 35401

RETURN ON SERVICE:

() CERTIFIED MAIL RETURN RECEIPT IN THIS OFFICE ON (DATE) _____
(RETURN RECEIPT HERETO ATTACHED)

() I CERTIFY THAT I PERSONALLY DELIVERED A COPY OF THE SUMMONS AND COMPLAINT TO _____
IN _____ COUNTY, ALABAMA ON (DATE) _____

DATE _____ SERVER SIGNATURE _____

SERVER ADDRESS _____ TYPE OF PROCESS SERVER _____

OPERATOR: LAA
PREPARED: 05/24/2016

State of Alabama Unified Judicial System Form AR Civ-93 Rev. 5/99	COVER SHEET CIRCUIT COURT - CIVIL CASE (Not For Domestic Relations Cases)	Case Number <div style="border: 1px solid black; padding: 2px;"> C V 2016 96 </div> Date of Filing: <div style="border: 1px solid black; padding: 2px;"> Month Day Year </div> Judge Code: <div style="border: 1px solid black; padding: 2px;"> Month Day Year </div>
GENERAL INFORMATION		
IN THE CIRCUIT COURT OF <u>TUSCALOOSA</u> ALABAMA <u>SCOTTIE KEITH BRASFIELD</u> (Name of Plaintiff) <u>SAN DIEGO DEPARTMENT OF CHILD SUPPORT / EQUIFAX</u> (Name of Defendant)		
First Plaintiff <input type="checkbox"/> Business <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Government <input type="checkbox"/> Other	First Defendant <input type="checkbox"/> Business <input type="checkbox"/> Individual <input type="checkbox"/> Government <input type="checkbox"/> Other	
NATURE OF SUIT: Select primary cause of action, by checking box (check only one) that best characterizes your action:		
TORTS: PERSONAL INJURY <input type="checkbox"/> WDEA - Wrongful Death <input type="checkbox"/> TONG - Negligence: General <input type="checkbox"/> TOMV - Negligence: Motor Vehicle <input type="checkbox"/> TOWA - Wantonness <input type="checkbox"/> TOPL - Product Liability/AEMLO <input type="checkbox"/> TOMM - Malpractice-Medical <input type="checkbox"/> TOLM - Malpractice-Legal <input type="checkbox"/> TOOM - Malpractice-Other <input checked="" type="checkbox"/> TBFM - Fraud/Bad Faith/Misrepresentation <input type="checkbox"/> TOXX - Other: _____ TORTS: PERSONAL INJURY <input type="checkbox"/> TOPE - Personal Property <input type="checkbox"/> TORE - Real Property OTHER CIVIL FILINGS <input type="checkbox"/> ABAN - Abandoned Automobile <input type="checkbox"/> ACCT - Account & Nonmortgage <input type="checkbox"/> APAA - Administrative Agency Appeal <input type="checkbox"/> ADPA - Administrative Procedure Act <input type="checkbox"/> ANPS - Adults in Need of Protective Services	OTHER CIVIL FILINGS (cont'd) <input type="checkbox"/> MSXX - Birth/Death Certificate Modification/Bond Forfeiture Appeal/Enforcement of Agency Subpoena/Petition to Preserve <input type="checkbox"/> CVRT - Civil Rights <input type="checkbox"/> COND - Condemnation/Eminent Domain/Right-of-Way <input type="checkbox"/> CTMP - Contempt of Court <input type="checkbox"/> CONT - Contract/Ejectment/Writ of Seizure <input type="checkbox"/> TOCN - Conversion <input type="checkbox"/> EQND - Equity Non-Damages Actions/Declaratory Judgment/Junction Election Contest/Quiet Title/Sale For Division <input type="checkbox"/> CVUD - Eviction Appeal/Unlawful Detainer <input type="checkbox"/> FORJ - Foreign Judgment <input type="checkbox"/> FORF - Fruits of Crime Forfeiture <input type="checkbox"/> MSHC - Habeas Corpus/Extraordinary Writ/Mandamus/Pro <input type="checkbox"/> PFAB - Protection From Abuse <input type="checkbox"/> FELA - Railroad/Seaman (FELA) <input type="checkbox"/> RPRO - Real Property <input type="checkbox"/> WTEG - Will/Trust/Estate/Guardianship/Conservatorship <input checked="" type="checkbox"/> COMP - Workers' Compensation <input type="checkbox"/> EVXX - Miscellaneous Circuit Civil Case	2016 APR 29 PM 12:15 CLERK TUSCALOOSA COUNTY AL.
ORIGIN (check one): F <input type="checkbox"/> INITIAL FILING A <input type="checkbox"/> APPEAL FROM DISTRICT COURT O <input type="checkbox"/> OTHER: _____ R <input type="checkbox"/> REMANDED T <input type="checkbox"/> TRANSFERRED FROM OTHER CIRCUIT COURT		
HAS JURY TRIAL BEEN DEMANDED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Note: Checking "Yes" does not constitute a demand for a jury trial. (See Rules 38 and 39, Ala.R.Civ.P. for procedure)		
RELIEF REQUESTED: <input type="checkbox"/> MONETARY AWARD REQUESTED <input type="checkbox"/> NO MONETARY AWARD REQUESTED		
ATTORNEY CODE: <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>		
Date: _____ Signature of Attorney/Party filing this form: <u>Scottie Keith Brasfield</u>		
MEDIATION REQUESTED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNDECIDED		

In the Circuit Court of Tuscaloosa County, Alabama

SCOTTIE OKEITH BRASFIELD 1ST

Plaintiff

CV-2016-96

vs.

Social Security

EQUIFAX Credit Agency

Defendant

① 220 West Broadway
SAN DIEGO California 92101

② P.O. Box 740241

ATLANTA, GA. 30374 COMPLAINT2016 APR 29 PM 12:15
JAGARIA H. BOBO
CIRCUIT COURT
TUSCALOOSA COUNTY AL.

My name is not being reported
Inaccurately, I'm being denied because
a child support case is showing in my Credit
Report. I would like for my name to
be cleared in this system, and I would
like to recieved money for any situation
in which I am entitled to, as in identity
theft or fraud.

one million Dollars.

\$1,000,000. per case

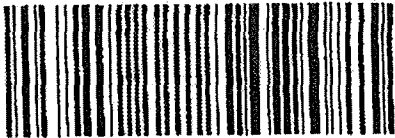
Scottie Okeith Brasfield 1ST



MAGARIA H. BOBO
CIRCUIT CLERK
TUSCALOOSA COUNTY COURTHOUSE
714 GREENSBORO AVENUE, ROOM 214
TUSCALOOSA, ALABAMA 35401

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

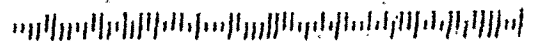
CERTIFIED MAILTM



7013 2630 0001 4796 4885

Equifax Credit Agency
P.O. Box 740241
Atlanta, GA 30374

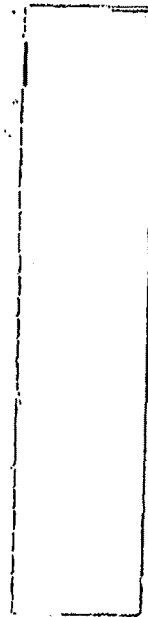
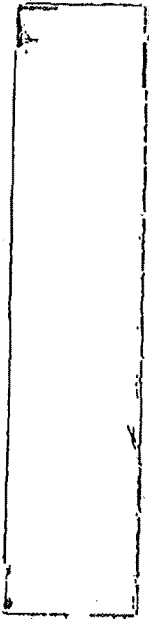
3037430241 8001



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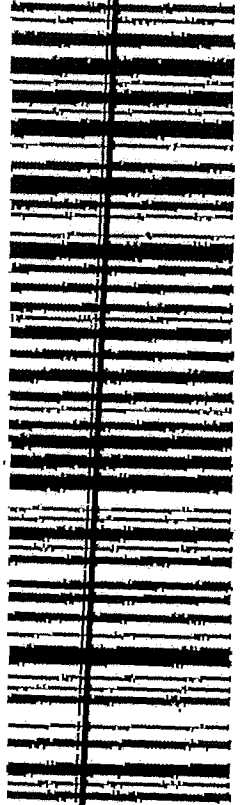


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UNITED STATES POSTAGE
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MAILED FROM ZIP CODE 35401



EFX ORIGINAL DOCUMENT 2 05\29\2016 00147101 005 0022

USPS TRACKING #



9590 9402 1528 5362 5400 85

United States
Postal Service

• Sender: Please print your name, address and ZIP code in this box •
MAGARIA H. BOBO
CIRCUIT CLERK
714 GREENSBORO AVE.
TUSCALOOSA, AL 35401

CN-110-916 MBA Summons

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

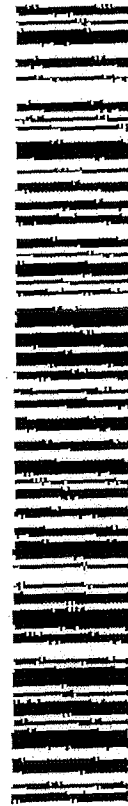
CN-16-910 MBA Summons

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: D2

Equifax Credit Agency
P.O. Box 740241
Atlanta, GA 30374



9590 9402 1528 5362 5400 85

2. Article Number (Transit form)

7013 2630 0001 4796 4885

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

July 26 2015

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

X ☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

X ☒ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

Original

AVSO350

ALABAMA JUDICIAL DATA CENTER
TUSCALOOSA COUNTY

SUMMONS

MBA
CV 2016 000096.00IN THE CIRCUIT COURT OF TUSCALOOSA COUNTY
SCOTTIE O'KEITH BRASFIELD VS SOCIAL SECURITY OF SAN DIEGO & EQUIFAX

SERVE ON: (D002)

SSN: - -

PLAINTIFF'S ATTORNEY

EQUIFAX Credit Agency
P.O. BOX 740241

*** PRO SE ***

P.O. BOX 71826

ATLANTA, GA 30374-0000

Tuscaloosa, AL 35405

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(4) THIS SERVICE BY CERTIFIED MAIL OF THIS SUMMONS IS INITIATED UPON THE WRITTEN REQUEST OF _____ PURSUANT TO RULE 4.1(C) OF THE ALABAMA RULES OF CIVIL PROCEDURE.

Magalia H. Bobo

DATE: 05/24/2016

CLERK: MAGALIA HAMNER BOBO
CIRCUIT CLERK
714 GREENSBORO AVE
TUSCALOOSA AL 35401

RETURN ON SERVICE:

() CERTIFIED MAIL RET (RETURN RECEIPT HE

() I CERTIFY THAT I P
COMPLAINT TO
IN

DATE

SERVER ADDRESS

OPERATOR: LAA
PREPARED: 05/24/2016

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$6.89

CN-16-96

MBA Postmark
Here

Summons

D2

MMONS AND

ER

Sent to

Equifax Credit Agency
Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

original

AVSO350

ALABAMA JUDICIAL DATA CENTER
TUSCALOOSA COUNTY

SUMMONS

MBA
CV 2016 000096.00IN THE CIRCUIT COURT OF TUSCALOOSA COUNTY
SCOTTIE O'KEITH BRASFIELD VS SOCIAL SECURITY OF SAN DIEGO & EQUIFAX

SERVE ON: (D001)

SSN: - -

PLAINTIFF'S ATTORNEY

SOCIAL SECURITY OF SAN DIEGO
220 WEST BROADWAY

*** PRO SE ***

SAN DIEGO, CA 92101-0000

P.O. Box 71826
Tuscaloosa, AL 35405

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(X) THIS SERVICE BY CERTIFIED MAIL OF THIS SUMMONS IS INITIATED UPON THE WRITTEN REQUEST OF _____ PURSUANT TO RULE 4.1(C) OF THE ALABAMA RULES OF CIVIL PROCEDURE.

DATE: 05/24/2016

CLERK: MAGARIA HAMNER BOBO
CIRCUIT CLERK
714 GREENSBORO AVE
TUSCALOOSA AL 35401

RETURN ON SERVICE:

() CERTIFIED MAIL RECEIPT (RETURN RECEIPT HERE)

() I CERTIFY THAT I
COMPLAINT TO
IN

DATE

SERVER ADDRESS

OPERATOR: LAA
PREPARED: 05/24/2016U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$6.89

CV-16-96

MBA Postmark Here

summons

D1

SUMMONS AND

VER

Sort To
Social Security of San Diego
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions